

Foster Family Home - Corrective Action Report

Provider ID: 2-160049

Home Name: Wendy Anches, CNA

Review ID: 2-160049-7

1263 Puhau Street

Reviewer: Lori O'Keefe

Hilo

HI 96720

Begin Date: 3/16/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Annual inspection for this 3 client home. A corrective action report (CAR) was issued during the visit and a written corrective action plan is due back to CTA by 4/16/2020.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a - CG's 3 and 4 did not conduct a fire drill in 2019.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.c - Client #1 does not have a list of current medications and their potential side effects available in the client or home records.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.c.2 - The service plan for client #1 was last dated in 2017. There are no notes indicating review/updates. There are signature sheets available for current service plans but they are unsigned and again there is no current service plan in the chart.

Client #3 service plan is dated 2018 (from admission) there is no notes to indicate review/updates. There are signature sheets that are unsigned but no current service plan.

Lori O'Keefe RN

Compliance Manager

Wendy E. M. Anches

Primary Care Giver

3/16/2020

Date

03/16/2020

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: WENDY G M ANCHES

CCFFH Address: 1263 PUHAU ST HILO, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46(a)	Talked to caregivers and informed them that need to conduct fire drills so that they are prepared in the future in case of emergency.	03/16/2020	I will schedule each caregiver a particular month to conduct a fire drill and keep a reminder on my calendar who will perform the drill and what particular month they should conduct it.
47(c)	Started collecting all leaflets provided by the clients' pharmacy which lists all potential side effects of each medication.	03/16/2020	I will make sure that I keep the leaflet provided by the pharmacy that lists all possible side effects of the medication whenever a new medication is prescribed.
54(c)(2)	Emailed client #1 and client #3's case manager and informed them with regards to their deficiency. I asked for updated/ signed copies of the current service plan.	03/16/2020	I will coordinate with the case managers to make sure that the service plans are updated when due.

Primary Caregiver's Signature: Wendy Anches

Print Name: WENDY ANCHES

Date of Signature: 04/03/2020